

TM 2162 \$

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application No.	09/295,690
		Filing Date	April 21, 1999
		First Named Inventor	Jerome A. Mouton, Jr.
		Art Unit	2162
		Examiner Name	Fleurantin, Jean B.
Total Number of Pages in This Submission	20	Attorney Docket Number	81862P122

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Response	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s)	
<input type="checkbox"/> PTO/SB/08		
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Response to Missing Parts/Incomplete Application		
<input type="checkbox"/> Basic Filing Fee		
<input type="checkbox"/> Declaration/POA		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

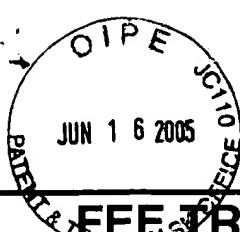
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Richard W. Thill, Reg. No. 53,686 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	6/14/05

CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Typed or printed name	Deborah A. McGovern
Signature	
Date	June 14, 2005



~~EEI TRANSMITTAL~~
**EEI TRANSMITTAL
for FY 2005**

Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$ 1,020.00)

<i>Complete if Known</i>	
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First Named Inventor	Jerome A. Mouton, Jr.
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Art Unit	2162
Attorney Docket No.	81862P122

METHOD OF PAYMENT (*check all that apply*)

Check Credit card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayment of fee(s) Credit any overpayments
under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

FEE CALCULATION

1. EXTRA CLAIM FEES

I. EXTRA CLAIM FEES		Extra Claims	Fee from below	Fee Paid
Total Claims	17	20^*	0 x 50.00	\$0.00
Independent Claims	4	4^*	0 x 200.00	\$0.00
Multiple Dependent			=	

Large Entity		Small Entity		
Fee Code	Fee (\$)	Fee Code	Fee (\$)	<u>Fee Description</u>
1202	50	2202	25	Claims in excess of 20
1201	200	2201	100	Independent claims in excess of 3
1203	360	2203	180	Multiple Dependent claim, if not paid
1204	300	2204	150	**Reissue independent claims over original patent
1205	300	2205	150	**Reissue claims in excess of 20 and over original patent
SUBTOTAL (1)		(\\$)		0.00

***or number previously paid, if greater. For Reissues, see below*

2. ADDITIONAL FEES

Large Entity Small Entity

Fee Description

ite filing fee or oath
e provisional filing fee or cover sheet.
specification
e reply within first month
e reply within second month
e reply within third month
e reply within fourth month
e reply within fifth month
al
support of an appeal
al hearing
stitute a public use proceeding
Commissioner
under 37 CFR 1.17(q)
Information Disclosure Stmt
sion after final rejection (37 CFR § 1.17(q))
onal invention to be examined (37 CFR § 1.17(q))

Other fee (specify)

SUBTOTAL (2)

Fee Paid

1,020.00

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Richard W. Thill	Registration No. (Attorney/Agent)	53,686	Telephone	(408) 720-8300
Signature				Date	6/14/05

Based on PTO/SB/17 (12-04) as modified by Blakely, Sokoloff, Taylor & Zafman (wir) 12/15/2004.
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450